2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2006 08:00 A DOCUMENT # P96000048663 **Secretary of State** 1. Entity Name DAILY COURIER SERVICE, INC. Principal Place of Business Mailing Address 3106 N. U S ONE VERO BEACH FL 32960 3106 N. U S ONE VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0688880 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, SYLVIA Street Address (P.O. Box Number is Not Acceptable) 3106 N. U.S ONE VERO BEACH FL 32960 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TIT: F □ Asi Delete Change NAME MILLER, SYLVIA NAME STREET ADDRESS 3106 N. U S ONE STREET ADDRESS U00000408428 <u>/08/06-900</u>55-CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP 150 00 🗀 Delete TITLE TITLE ☐ Adı NAME STREET ADDRESS STREET ADDRESS CITY - ST- 789 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Ad-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Ada STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE $\square A$ ☐ Change NAME MAAK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change ☐ Ad-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed, or on an attachment of the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block if changed in the appears in Block 10 or Block in the appears in Block

FILED